

# Undetectable = Untransmittable (U=U) Strategic Toolkit

## PURPOSE

The toolkit was designed with a goal of collective learning to influence action.

The aims of the toolkit are to:

- Provide countries with helpful tools and resources to facilitate the dissemination of U=U messages;
- Help countries assess their resources, context, needs, and goals to determine how best to utilize the U=U campaign and messages; and
- Help increase collaboration among stakeholders to support the adoption and dissemination of U=U messages and activities.

## Who should use this toolkit?

The U=U Strategic Toolkit was designed to help build the capacity and skills of in-country staff to promote the U=U campaign and supporting messages. The toolkit can be used by anyone interested in delivering accurate information about U=U. There are, however, specific resources that consider the unique roles and context of community members, civil society organizations (CSOs), health care providers, faith-based organizations (FBOs), and leaders across sectors.

## How do you use this toolkit?

The U=U Strategic Toolkit contains comprehensive information and guidance to support dissemination of the U=U message. It is organized to first provide a solid foundation about U=U before offering guidance about how to engage communities, share the message, and evaluate your efforts. Finally, the toolkit includes case examples of U=U dissemination activities as well as tools and resources to help you start your own U=U efforts. We recommend that you read all sections of the toolkit before accessing the resources as each section builds on the next and together, they present a complete picture of U=U. However, if you only want to explore certain topics or if you feel ready to jump directly to the tools and resources, you can use the links below to move around the document.

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# U=U Background

## What is the science?

Four key studies, [HIV Prevention Trials Network \(HPTN052\)](#)<sup>1</sup>; [Partners of People on ART – A New Evaluation of Risks \(PARTNER\)](#)<sup>2</sup>; [Opposites Attract](#)<sup>3</sup>; and [PARTNER2](#)<sup>4</sup>, demonstrated the effectiveness of anti-retroviral treatment (ART) for preventing the sexual transmission of HIV. All aforementioned studies followed HIV-serodiscordant couples with one partner who was living with HIV and being treated with ART to achieve viral suppression and one partner who was HIV-negative at the start of the study. Viral suppression was defined as less than 200 copies of HIV RNA per milliliter of blood for all three latter studies<sup>2-4</sup> and less than 400 copies of HIV RNA per milliliter for the HPTN052 study.<sup>1</sup> Follow-up assessments in all of the studies included regular measurement of plasma HIV RNA concentrations for the HIV-positive partner and HIV testing of the HIV-negative partner. In each study, new HIV infections among a previously HIV-negative partner were assessed phylogenetically to determine whether the strain of HIV was genetically linked to their HIV-positive partner.

Collectively, the studies included more than 500 HIV-serodiscordant heterosexual couples and more than 1,300 HIV-serodiscordant MSM couples. Couples in the studies engaged in over 160,000 sex acts without PrEP or a condom.<sup>2-4</sup> **Zero linked sexual transmissions occurred among HIV-serodiscordant couples when the HIV-positive partner achieved durable viral suppression.** The findings from these studies provided scientific proof of viral suppression, achieved by HIV medication adherence, as a viable method for prevention of sexual transmission of HIV.





### What is the U=U campaign?

The Prevention Access Campaign developed the U=U (Undetectable = Untransmittable) campaign in early 2016 to increase awareness about the relationship between viral suppression and the prevention of sexual transmission of HIV.<sup>5,6</sup> The Prevention Access Campaign believes the U=U message improves the lives of people living with HIV by reducing their fear of giving HIV to people they have sex with, decreasing HIV stigma, and strengthening advocacy efforts for universal access to HIV treatment.<sup>6</sup> Approximately 906 organizations from 98 countries have shared the U=U message to-date<sup>7</sup> and the campaign has been translated into more than 25 languages, including K=K in Vietnamese, N=N in Dutch, B=B in Turkish, and I=I in Spanish, Italian, and Portuguese.

For people living with HIV, the promise of being able to eliminate their risk of transmitting HIV to their sexual partners by decreasing their viral load through medication adherence can serve as motivation to initiate and maintain care and treatment. Similarly, U=U provides health care providers with scientific evidence and encouraging messages to share with their patients to help increase ART initiation, routine engagement in medical care, ART adherence, and viral suppression.

### How does U=U address HIV stigma and discrimination?

The Division of HIV and AIDS Prevention (DHAP) at CDC defines HIV stigma as “negative attitudes and beliefs about people living with HIV”.<sup>8</sup> Examples of HIV stigma include beliefs that only certain types of people can get HIV, feelings that people deserve to get HIV because of their lifestyle or choices, and making moral judgements about people who seek out methods to prevent them from getting HIV.

While stigma is what people *think* about HIV, discrimination refers to behaviors that result from stigmatizing attitudes or beliefs about HIV. HIV discrimination is the act of treating people differently than others solely because they have HIV. Examples of HIV discrimination may include receiving poor treatment in health care and education settings; being denied or losing employment, housing, and other services; being denied access to educational and training programs; and being victims of violence and hate crimes.



HIV-related stigma and discrimination prevent people from learning their HIV status, disclosing their status to family members and sexual partners, and/or accessing medical care and treatment.

U=U has the power to dismantle HIV stigma and discrimination by giving life with HIV a new face; because ART helps people living with HIV have long, healthy lives, achieve viral suppression, and prevent transmission to people they have sex with, HIV no longer needs to be viewed as a death sentence and people with HIV shouldn't be viewed as posing a risk to other people. As such, the stigma and discrimination associated with fears of death and transmission can be alleviated.



# Community Engagement



## How and why is U=U driven by the community?

The U=U campaign was developed by community members who sought to ensure that people living with HIV know and understand that if they are adherent to their medication and achieve an undetectable viral load, they can live long, healthy lives, have children, and not have to worry about transmitting HIV to others.<sup>5</sup> The U=U campaign empowers a range of stakeholders to talk and think about HIV transmission and viral suppression within their communities.<sup>5</sup> U=U was created, and

has been driven, by communities; as such, community engagement is at the heart of the movement and its worldwide adoption and dissemination. This section of the toolkit provides a high-level overview of community engagement, what it entails, and how to employ and consider methods of community engagement as the foundation of your U=U efforts.

## What is community engagement?

Over the last three decades, community engagement has been employed in health education and promotion, research, evaluation, communication, and policy advocacy. A widely accepted definition of community engagement is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people”.<sup>9</sup> Community engagement involves relationships and a mutual exchange of information, ideas, and resources between community members, civil society organizations, faith-based organizations, policy makers, businesses, and government. The overarching goals of community engagement are to: develop and maintain trust among stakeholders; ensure programs, initiatives, and services are culturally tailored, cost-effective, and sustainable; create better communication; and improve overall health outcomes.<sup>9-11</sup> If conducted effectively, community engagement empowers individuals and groups to act to facilitate change.

## What is meaningful community engagement?

Meaningful community engagement occurs regularly and among a range of stakeholders in a variety of venues and formats that will accommodate the needs and priorities of the community. When meaningful community engagement takes place, practitioners gain a greater understanding and knowledge about the community. It is important to remember that building and maintaining relationships with community stakeholders and engaging them in multiple ways during a project, initiative, or service requires continuous effort.



Following are best practices for meaningful community engagement<sup>9,12,13,14</sup>:

**Practice cultural competence.**

- Establish a defined set of values and principles and demonstrate behaviors and attitudes that enable you and/or your team to work effectively with people from different cultures.
- Develop and maintain the capacity to value diversity, conduct self-assessments, assess the dynamics of cultural differences, acquire and institutionalize cultural knowledge, and adapt to diversity and cultural contexts of the communities you and/or your team serve.

**Know the community.**

- Conduct both a needs assessment and a capacity assessment both to identify cultural commonalities and differences and to determine the ability of your program to address identified commonalities and differences.
- Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and experiences with other outside groups who have sought to engage them in similar programs. Learn about the community's perceptions of those initiating the engagement activities.
- Involve individuals representing the diversity of the community at the planning table of your organization and encourage cross-cultural dialogues.
- Facilitate both formal and informal opportunities for cross-cultural interactions among both program recipients and program staff.

**Be considerate about the location of meetings and events.**

- Can all participants get there easily by public transportation (e.g., tro tro, bus, tap-taps)?
- Is the location meeting "neutral" for all participants?
- Is the venue familiar and accessible to all participants?

**Identify underrepresented sections of the community at meetings or events.**

- Why was this group underrepresented?
- How can this information guide your planning and outreach efforts?
- Did you work through existing community networks?

**Manage expectations by being honest.**

- Be transparent in describing your role and responsibilities, capacities, and limitations (e.g., time and financial constraints).
- Don't solicit feedback about topics for which a decision has already been made and feedback will neither be considered nor influence the final decision.

**Establish "rules of engagement" with stakeholders.**

- Build stakeholder ownership of the process from the beginning.
- Establish shared culture and norms regarding expectations for participation, boundaries for folks who might take more "air time", and permission for those who tend to say less in a group setting.

**Listen more, speak less.**

- Seek the perspective, expertise, and lived experience of each stakeholder you meet.

### Gather feedback and seek buy-in on the initiative, its goals and objectives, and its marketing materials.

- Try to make meetings participatory and active.
- Seek feedback from the groups you are actively trying to engage.
- Invest time in building relationships with grassroots community leaders who may serve as information conduits being sure to acknowledge their time and efforts explicitly.

### Reduce language barriers.

- Eliminate use of technical jargon and acronyms during meetings.
- Dedicate funds for interpretation and translation services.
- Connect with Civil Society Organizations to determine: (1) what language(s) your constituency speak; (2) whether or not literacy is an issue; and (3) people who can translate information into the appropriate language.

### Who should be engaged?

Community engagement is effective when collaboration is as inclusive as possible. This means stakeholders from different parts of the community should assume different roles in the community engagement process. Stakeholders are people who are affected either directly or indirectly by or have an effect on an effort.<sup>15</sup> Additionally, stakeholders may include people who have a strong interest in the effort for intellectual, academic, philosophical, or political reasons. Community networks and organizations can be involved in identifying stakeholders, their interests, and best engagement strategies.

Stakeholders in a U=U collaboration could include:

- People living with HIV, their partners, and family members
- Faith-based organizations
- Health care providers
- Local members of existing community partnerships
- Support organizations (e.g., Civil Society Organizations and those who work closely with people living with HIV)
- Local policy makers
- Governmental agencies
- Grantmakers



## Sharing the U=U Message

U=U is a powerful message and has been shared by more than 900 organizations in approximately 100 countries. The momentum of the spread of the U=U campaign and the underlying message of prevention of transmission as a by-product of viral suppression makes it an attractive option for countries seeking to decrease HIV stigma and discrimination, alleviate fears associated with HIV testing, and, perhaps most importantly, increase ART adherence and retention with hopes of ultimately increasing the proportion of people living with HIV who are virally suppressed.

Before sharing the U=U message, consider the need to tailor and adapt the campaign to fit within your local context. Tailoring and adapting a health communication campaign goes beyond translating the language or choosing culturally appropriate images. You also need to ensure that the campaign speaks to the needs and concerns of your primary target audience(s), fits well with your other prevention initiatives and messages, is easily understood by the people you seek to reach, and is something people are willing and able to believe. Finally, it is best practice to share potential messages and communication materials with both key stakeholders and members of your target audience to solicit their feedback and suggestions for improvement.

Before deciding to disseminate U=U messages, you should identify:

- Your primary target audience(s) (e.g. health care workers, people living with HIV, AGYW, KP, general population, etc.);
- Your communication goal(s) (e.g. increase enrollment in care, provide education about the importance of medication adherence, inform clients about viral load testing, decrease HIV stigma, etc.);
- Possible mode(s) of dissemination (e.g. community forums, flyers, social media, radio, etc.);
- Your key messages;
- A call to action (e.g. call a clinic to make an appointment, tell someone about U=U, take your medicine every day, etc.); and
- Barriers your target audience may face related to medication adherence and viral suppression.

Helpful tools and resources to support you as you seek to develop and disseminate U=U messages can be found in the [resources section](#) of this toolkit.

## Key Messages

This section provides key messages to help you communicate effectively about concepts related to U=U. These messages can be used in clinical settings, during community meetings, or included on websites, prevention materials, or social media platforms. While many of the messages may seem similar, each one has a slightly different tone, purpose, or key message point. You may decide to combine some of the messages depending on your intended purpose, audience, context, and mode of delivery.

When sharing messages via social media, use short, simple messages that contain one or two easily understood key points and quickly grab someone's attention. Conversely, in clinical settings or on a website where you want to provide more detail, you should consider the longer messages that include more key message points.

### Messages about medication adherence

- Take your HIV medicine every day to stay healthy, live longer, and protect your sex partners.
- When you take your medicine every day, the amount of HIV in your blood will become so low that you won't pass HIV to people you have sex with.
- HIV medicine works by decreasing the amount of HIV in your blood. After several months of taking your medicine every day, the amount of HIV in your blood will become so low that a test can't detect it. When that happens, your HIV is "undetectable." The **only** way to keep your HIV undetectable is to continue taking your medicine every day.



### Messages about how U=U prevents the sexual transmission of HIV

- Taking your HIV medicine helps protect your partners. How? Taking HIV medication every day is the only way for you to get and keep an undetectable viral load. Once your viral load is undetectable, you cannot give HIV to people you have sex with.
- If you are living with HIV, taking your HIV medicine every day is the most important thing you can do to stay healthy and protect your sexual partners. When you take your medicine every day, the amount of HIV in your blood can become so low that a test can't detect it. If you continue taking your medicine every day, the amount of HIV will remain low and you won't pass HIV to people you have sex with.

### Messages about U=U and other prevention considerations

- If you inject drugs, never share needles or injection equipment with anyone else. Even if the amount of HIV in your blood is so low that a test can't detect it, you can still pass HIV to someone if you share needles or injection equipment with them.
- If you take your HIV medicine every day for several months, the HIV in your blood will become very low and you will be able to have sex without passing HIV to your partner. When this happens, your HIV is undetectable. Before your HIV is undetectable, you should always use condoms when you have sex and may want to talk to

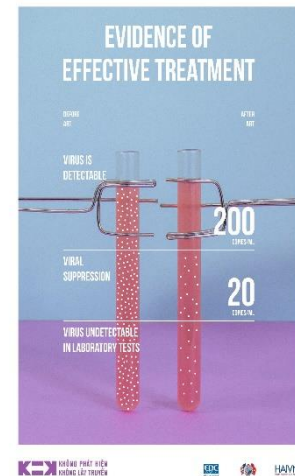


your HIV-negative partners about PrEP, a daily medication people *without HIV* can take to reduce their chance of getting HIV.

- Taking your HIV medicine will help you stay healthy and will prevent you from giving HIV to people you have sex with. HIV medicine won't protect you or your partners from STDs. Get tested for STDs and encourage the people you have sex with to get tested too. If you have an STD, get treated for it right away.

### Messages about viral load monitoring and staying undetectable

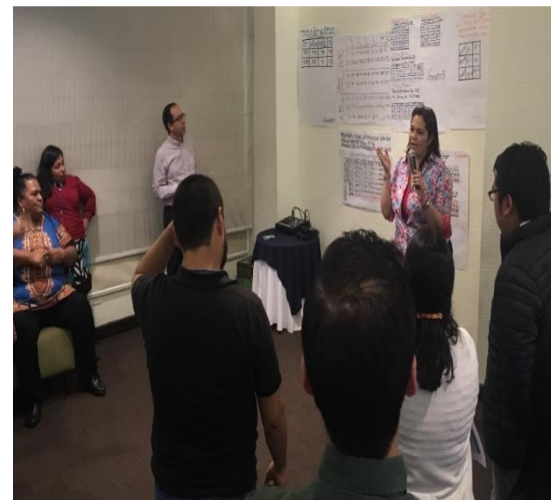
- Don't miss any of your health care appointments, even if you don't feel sick. During your appointments, your doctor or nurse will run a test to make sure the amount of HIV in your blood is still low enough to prevent you from passing HIV to people you have sex with.
- Take your medicine every day and have your viral load levels checked regularly to make sure your HIV stays undetectable.
- Having undetectable HIV does not mean your HIV has been cured. You have to take your medicine every day if you want your HIV to stay undetectable.
- Getting **and keeping** an undetectable viral load is the best thing you can do to stay healthy and protect your partners.
- If you stop taking your HIV medicine, the amount of HIV in your blood will increase quickly and your HIV will not be undetectable anymore. When your HIV is **not** undetectable, you can pass HIV to people you have sex with.



# Evaluation and Sustainability

## What is evaluation?

Evaluation is the systematic collection and analysis of information about the activities, characteristics, outcomes, and impacts of programs and projects.<sup>16</sup> In simpler terms, evaluation provides information to help make judgments about the merit of the program, improve the effectiveness of the program, and inform decisions about future programming. The [CDC Evaluation Framework](#) guides public health professionals in their use of program evaluation by summarizing and organizing the six steps of evaluation.<sup>17</sup> Central to this framework are four standards for effective evaluation - utility, feasibility, propriety, and accuracy. The steps and standards described in CDC's Evaluation Framework can be used to select the best methods to evaluate a U=U campaign. Evaluation findings can then be used to guide changes as the campaign matures.



## What are the types of evaluation?

Formative evaluation, conducted before or in the early stages of a campaign, guides the development of campaign materials and techniques that appeal to the priority audience. This type of evaluation usually includes audience analysis and pretesting.<sup>18</sup>

Process evaluation assesses campaign implementation and is conducted as the campaign progresses. Process evaluation can help build confidence in the project among organizational leadership and partners and increase support for its continued implementation or expansion to other countries. Process evaluation can also identify problems or barriers in the project, pointing to needed corrections or modifications.<sup>18</sup>



Summative evaluation assesses the short-term and long-term changes that result from campaign activities. Summative evaluation is conducted at the end of a project to compare outputs and outcomes with baseline measures. Its purpose is to establish project success and can support success stories and lessons learned.<sup>18</sup>

Limited resources may force you to choose between process, formative, or summative evaluation. None used alone will provide you with a complete picture of what happened in your communication campaign. However, process evaluation can help you understand why you did or did not accomplish your objectives. Therefore, if you must choose, consider prioritizing process measures which will allow you to best manage your program.

## Why is evaluation important?

Multiple factors influence an individual's health behavior, including peer and spousal support, social norms, advertising and mass media, and community and institutional factors (e.g., the availability of services). Health communication campaigns, such as U=U, can also influence an individual's health behavior. At times, it is difficult to separate the impact of your communication campaign from the effects of other factors or potential influences. For this reason, communication campaigns are usually one component of a larger program or intervention. Evaluation of communication messages, products, and audience engagement will help in-country staff to analyze behavior trends and will inform next steps for the program or intervention. Ideally, monitoring and evaluation should be embedded throughout campaign planning.

Evaluation of communication campaigns helps:

- Determine how and to what extent campaign activities and products are making a difference for the targeted audiences (e.g. What impact are the communication activities and products having, such as changes in awareness, knowledge, behaviors, and policies?).
- Increase the skill and expertise of in-country staff through continuous learning.
- Inform decision-making about future communications initiatives and outreach.
- Demonstrate the value of campaign efforts. Evaluation results help measure the value of specific communication strategies or tactics, enabling countries to direct resources to support strategies that offer the highest return on investment.

## How do you sustain a communication campaign?

Sustainability is an important component of a successful campaign. If a campaign effort is to survive beyond initial funding, communication messages must be promoted, disseminated, and continued by established organizations. Thus, sustainability is about creating and building momentum to maintain community- and country- wide change by organizing and maximizing community assets and resources. It means institutionalizing policies and practices within communities and organizations. Sustainability requires an approach that emphasizes the development and involvement of community and civil society stakeholders who understand (and can lead and develop long-term buy-in for) the U=U campaign.

Integral to achieving sustainability is the development of a sustainability plan.

Sustainability planning can be facilitated by:

- Obtaining input and buy-in from community and stakeholder organizations.
- Determining appropriate indicators for evaluation.
- Documenting information on program progress.
- Sharing results of program success that resonates with funders.
- Identifying long- and short-term sustainability strategies to achieve program goals.
- Organizing and prioritizing financial, human, and in-kind resources.
- Documenting and sharing information on program progress.
- Empowering employees and program partners to support sustainability strategies.
- Establishing mechanisms to identify and solve challenges.





# Learning from Colleagues: U=U Case Examples

## Vietnam



Undetectable=Untransmittable (U=U) or Không phát hiện = Không lây truyền (K=K) in Vietnam, is a global community-driven movement based on disseminating the research findings that PLWH who take their HIV medicine daily and achieve and maintain viral suppression cannot sexually transmit HIV to their partners. From the fall of 2017, Vietnam emerged as an innovator for disseminating the K=K message to address stigma and support epidemic control goals. Early official support for K=K was provided by the Vietnam Ministry of Health, through changing treatment guidelines to monitor viral suppression under 200 copies/ML and through public dissemination activities including a press conference and sharing information on national television. In September 2019, the Vietnam Administration of HIV/AIDS Control (VAAC) issued K=K

Dissemination Guidelines, endorsing the findings and guiding provinces to incorporate K=K into their HIV program activities. Vietnam is the first PEPFAR country to officially endorse U=U.

Through community leaders, including Vietnam's Network of PLHIV (VNP+), the findings were disseminated to key population networks using a variety of media channels, such as YouTube and Facebook with logo and photo competitions, livestreams, infographics, etc. Community organizations are now emphasizing K=K as a powerful motivation for health and patient literacy. The U=U message is empowering for PLWH and reduces stigma related to HIV transmission and HIV as a terminal illness--as one client stated, "I have the life and the love I want." A

national K=K campaign with full MOH endorsement from the ministerial level on World AIDS Day was launched on October 22, 2019. Vietnam's successes

so far indicate how buy-in from the community, health care providers, and national government can enable a successful U=U campaign.



K=K KHÔNG PHÁT HIỆN  
KHÔNG LÂY TRUYỀN

CDC WHO UNAIDS HAVN





## Zambia

The U.S. government, through the President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Centers for Disease Control and Prevention (CDC) partnered with the Zambian government to implement the U=U campaign for people living with HIV. The main goal of the Zambia U=U campaign is to raise awareness and provide education to Zambians living with HIV about the importance of taking HIV medicine daily to achieve viral suppression and prevent the sexual transmission of HIV. To help ensure the success of their campaign efforts, the CDC Zambia office aligned their U=U efforts with their existing programmatic work focused on engagement and retention in care for people living with HIV.

The CDC Zambia office began planning for the promotion and dissemination of U=U messages in March 2019. PEPFAR Zambia (i.e., CDC and United States Agency for International Development (USAID)) held a national stakeholder meeting led by the National ART Coordinator and CDC Country Director, Dr. Simon Anglory. Members of the national HIV treatment technical working group, civil society groups for people living with HIV (e.g., the Network of Zambians living Positively), senior medical personnel from major health facilities, and representatives from implementing partner agencies attended the stakeholder meeting. During the meeting, attendees learned about the scientific evidence supporting U=U and U=U efforts in other PEPFAR-funded countries. By the end of the meeting, stakeholders in attendance endorsed the U=U campaign. Following the national stakeholder meeting, the CDC Zambia Communications Specialist and the Embassy Media representative invited journalists to a briefing and discussion session in Lusaka to share information about U=U and announce the launch of the national U=U campaign.

PEPFAR Zambia and the Zambian government also had a joint meeting to plan for the kick-off event for the U=U campaign. Together, they agreed to launch the U=U campaign as part of the National Health Week, a week during which

Zambian officials showcase the health interventions and services prioritized by the Ministry of Health (MOH) and partners. On May 8, 2019, the President of Zambia, Mr. Edgar Chagwa Lungu, Minister of Health, Dr. Chitalu

Chilufya, and U.S. Ambassador, Daniel Foote, officially launched the U=U campaign in Zambia as a chosen prioritized national health initiative during National Health week. The launch event was well-orchestrated to spark excitement for U=U; t-shirts were distributed and an original song was performed by a popular local musician, B-Flow. The music video for the original song is available and can be viewed and shared via this link:

<https://youtu.be/RtPWaZkH0Qk>.



Following the national launch, the CDC Zambia office launched the U=U campaign in three CDC-supported provinces. To ensure community buy-in, provincial stakeholder meetings were held prior to the launch of U=U in the provinces. Attendees at these stakeholder meetings included traditional leaders, religious leaders, representatives from groups for people living with HIV, media, health care workers from local health facilities and districts, and the Provincial Health office. Each meeting included a presentation of the scientific evidence for U=U followed by an hour-long question and answer session. Based on feedback they received during the meetings, The MOH and CDC Zambia office agreed to tailor materials and messages for different populations and provinces. Specifically,

U=U resources developed by CDC Vietnam and CDC HQ were adapted and translated into both English and the local language of the province.

On June 19<sup>th</sup>, U=U was launched in Livingstone by the Provincial Minister, the Provincial Health Director, and the CDC Associate Director for Programs, Dr. Kancheya. The following day, the Provincial Minister (represented by the Provincial Permanent Secretary), the Provincial Health Director and the CDC Country Director launched the U=U campaign in Mongu. Lastly, on July 10<sup>th</sup> U=U was launched in Chipata by the Provincial Minister, Provincial Health Director, and the CDC Associate Director for Programs, Dr. Kancheya. All three of the launches were preceded by public service announcements and interviews with health experts on local TV and radio stations in each Province and U=U themed performances by local artists in various districts at community “road shows”.

CDC Zambia office continues to have ongoing conversations with the MOH about the development of Information, Education, and Communication (IEC) materials and other U=U materials for health facilities and the public. The IEC materials will increase awareness about the importance of reinforcing ART adherence among people living with HIV. The CDC Zambia office has also pretested and piloted new U=U messages and will sub-grant the promotion and dissemination of U=U efforts through treatment partners. Additionally, a tentative stakeholder message workshop has been scheduled with CSOs to discuss the development of additional messaging on retention, stigma, condoms, and PrEP.



The CDC Zambia office advises PEPFAR-funded countries interested in disseminating U=U messages to obtain national level buy-in, identify champions, and engage specific groups of key stakeholders before attempting to launch a campaign. To gain buy-in from the MOH, the CDC Zambia office emphasized that the U=U concept was already a current component of the National HIV Guidelines even though it wasn't specifically messaged as U=U; they suggested to the MOH using U=U as a message to support programmatic efforts would lead to greater impact.

CDC Zambia plans to continue stakeholder and media engagement in COP 19, including an additional U=U media training session. The Zambian government and CDC Zambia funded all work related to the U=U campaign.

## Dominican Republic

HIV Prevention staff at CDC Dominican Republic (DR) quickly realized that the terms “undetectable” and “untransmittable” may be too complex for their target populations. In fact, when they asked participants in a HIV prevention workshop about “intransmissible”, 1/3 of people asked thought the term had something to do with the transmission system in cars. CDC DR HIV Prevention staff felt it was important to use a phrase people would understand immediately instead of potentially confusing people by using a message that may be too complex. Specifically, they wanted something catchy because catchy phrases are often used to market products and ideas in the Caribbean. While they are still in the early phases of their efforts, they identified two possible slogans to test with their target audiences as alternatives to “U=U.” The slogans are “*cerca de cero no te la pego*” or “*si ta’ en cero no te la pego*.” These slogans loosely translate to “Close to zero, I won’t give it to you.”

## Uganda



[The Love to Love organization](#) in Uganda, which was established to respond to children and youth born and living with HIV/AIDS, began championing the U=U message in 2017 to reach people living with HIV. The Love to Love staff are highly committed to ensuring that people ages 15-35 who encounter social, physical, and mental challenges are aware of and knowledgeable about the U=U campaign because they believe it will promote hope and medication adherence and fight self-stigma. Love to Love uses multiple channels, such as Twitter, radio talk shows, and Facebook to promote the U=U campaign. Additionally, they have held multiple events such as marches and community dialogues in Kampala, Uganda and developed captivating [songs](#) that endorse the U=U message. Love to Love engages

community gatekeepers so they are able to build and sustain community ties with youth-led organizations, health centers, schools, faith-based organizations, and music and drama clubs. Love to Love is currently organizing a U=U summit for stakeholders in Uganda to gain consensus for the movement to ensure that people living with HIV, and their families, are informed that medication adherence can result in a long and healthy life. In the future, Love to Love plans to translate U=U into local languages in different regions and to evaluate their promotion and dissemination of the U=U campaign.





# U=U Frequently Asked Questions

As you begin to build stakeholder support for U=U, you may encounter questions about broader considerations for implementation. This document is a collection of frequently asked questions and concerns along with suggested responses designed to help ease doubts, increase buy-in for U=U, and dispel potential myths.

- **Is there any evidence showing U=U works among PWID?**
  - **In our context, HIV is mostly found among injection drug users and their sexual partners. We are concerned that a “U=U works for sex but not for injection” will confuse our clients. Is U=U still appropriate for our setting? How do we avoid confusing people?**
    - Currently, there is no scientific evidence showing that an undetectable viral load prevents the transmission of HIV through sharing of needles and injection equipment. PWID who are virally undetectable will not transmit HIV to their sexual partners but this same protection will not be afforded to people with whom they share needles or injection equipment. To avoid confusing people, keep the messages simple – anyone with HIV who is virally undetectable can’t transmit HIV through sex, no matter what their other risk behaviors are.
- **If we promote U=U at a national level through mass and social media, inevitably some PLHIV will tell their sexual contacts that they’re virally undetectable, when in reality they’re not.**
  - **What are some ways we can prevent this from happening?**
    - It is true that there is a risk that some people will be confused about their viral load status. For example, someone could have had an undetectable viral load result at one point in time and assume they are still undetectable when, in reality, they are not. To prevent this kind of confusion, it is important to have very clear messaging about the importance of continual viral monitoring and medication adherence in order to remain durably undetectable.
    - It is important, however, to keep in mind that being virally undetectable and using treatment as prevention are largely under the control of PLHIV. As such, HIV negative people should feel empowered to use self-directed prevention methods, such as PrEP or condoms. In cases of index testing, you can encourage and train health care providers to include this guidance in post-test counseling sessions with people who test negative for HIV and are in a serodiscordant relationship. Use of other prevention methods does not diminish the importance of U=U or our scientific confidence in treatment as prevention.
- **Some key stakeholders aren’t convinced by the scientific evidence since its coming from controlled studies. How do we convince them that U=U in real life?**
  - It is important to remind stakeholders that U=U utilizes the findings of one randomized controlled trial and three observational cohort studies. The key message that you should ensure they understand is that U=U is encouraging PLWH to start and stay on HIV treatment. Adherence to treatment will help a person living with HIV achieve viral suppression; however, non-adherence is related to the development of ART resistance, progression to AIDS, or even death. As we all know, medication adherence assists with making HIV a manageable chronic condition and prolongs the lives of PLWH. Therefore, you can encourage stakeholders to embrace the medication adherence aspect of U=U which is supported by a bulk of scientific evidence.



- **Can the “pleasure factor” of sex without a condom be promoted as part of U=U messaging?**
  - It is always a best practice to conduct message testing with your target audiences prior to disseminating U=U messaging. Message testing should assess motivators and barriers for achieving and maintaining an undetectable viral load to prevent the transmission of HIV through sex. You should also make sure your audiences understand the words you use in your messaging, the underlying concepts, and desired action steps. If you find that the “pleasure factor” is a strong motivator to encourage people to achieve and maintain an undetectable viral load, you should feel comfortable considering it as an option for messaging, assuming your key stakeholders are comfortable with this messaging. Indeed, a large part of the U=U movement, outside of decreasing stigma and discrimination for PLHIV and increasing medication adherence and viral suppression, was to give PLHIV renewed confidence about their ability to have a “normal” and pleasurable sex life without fear of transmitting HIV to their partners. However, you may find that the pleasure of condomless sex is not a strong motivator for people to become virally undetectable. In that case, it would not be wise to use it as part of your main messaging because it would likely detract from other messaging points that may be more important to your target audiences.
- **Can service providers recommend condomless sex for discordant couples if HIV positive spouse has undetectable VL and they do not have any outside of marriage sexual relationship and do not practice any risky behaviors?**
  - If this is a mutually monogamous relationship without needle sharing, the science behind U=U and treatment as prevention supports this recommendation. If the HIV positive spouse achieves and maintains an undetectable viral load, he or she will not transmit HIV to their HIV negative spouse in the presence of condomless sex. This recommendation should be supported with counseling about the importance of medication adherence to maintain an undetectable viral load. Further, couples should be counseled that the benefit of not transmitting HIV will disappear quickly (sometimes within a few days) if the HIV positive spouse stops taking their medication.
- **What is the exact definition of an “undetectable” viral load when considering U=U?**
  - **If a patient is lower than 1000 copies, does the U=U apply to him or her?**
  - **What do we do if our systems can’t detect below 800 copies per  $\mu$ L?**
    - The U=U campaign was designed to share the message of treatment as prevention. Four key studies, [HIV Prevention Trials Network \(HPTN052\)](#)<sup>1</sup>; [Partners of People on ART – A New Evaluation of Risks \(PARTNER\)](#)<sup>2</sup>; [Opposites Attract](#)<sup>3</sup>; and [PARTNER2](#)<sup>4</sup>, demonstrated the effectiveness of viral suppression, resulting from anti-retroviral treatment (ART), for prevention of the sexual transmission of HIV. Viral suppression was defined as less than 200 copies of HIV RNA per milliliter of blood for the three latter studies<sup>2-4</sup> and less than 400 copies of HIV RNA per milliliter for the HPTN052 study.
    - There is preliminary evidence from the population-based surveys in 8 countries showing that nearly all (~95%) of individuals with HIV viral load <1000 copies/mL (survey definition of viral suppression) had a viral load <200 copies/mL.
    - Until there are more studies to show that sexual transmissions are zero below 800 copies per mL, PLHIV should try to access plasma-based VL testing that will achieve the <200 lower level of detection.

- **Can you clarify the use of U=U messaging for breastfeeding mothers? There was a recent article showing recent infections among HEI, despite the mother being undetectable.**
  - Our colleagues in the Maternal and Child Health Branch at CDC HQ recently conducted a review of the literature related to U=U and PMTCT. Their review found that there is effectively no risk of transmission when women are diagnosed with HIV and start ART **prior** to conception. However, during their review, they found that there is limited data about breastfeeding and the transmission of HIV when a mother is virally suppressed. Most studies to date either excluded the breastfeeding period or were from non-breastfeeding populations. The breastfeeding data that are available were limited to case counts and were conducted among women who started ART after conception. The MCH Branch developed 3 pillars for U=U for MTCT. These are:
    - **Pillar #1: Test and start ART prior to conception**
      - Identify HIV-positive women and adolescent girls prior to conception
      - Ensure linkage to ART and adherence support as soon as possible
      - **Key message for women: Know your HIV status and start ART if positive**
    - **Pillar #2: Pregnancy planning for HIV-positive women**
      - Understand pregnancy goals and support safe conception for HIV-positive women and their partners in ART clinic
      - Provide voluntary family planning options at ART clinic ideally or through referrals
      - Ensure viral suppression prior to conception
      - **Key message for HIV-infected women: Make sure you have a suppressed viral load before you get pregnant**
    - **Pillar #3: Viral suppression before and during pregnancy and breastfeeding**
      - Ensure sustained viral suppression throughout the exposure period
      - **Key message for HIV-infected women: Maintain ART adherence and viral suppression during pregnancy and breastfeeding**
- **Does U=U still hold true for both HIV-1 and HIV-2 infection?**
  - **What if someone has a mixed HIV-1 and HIV-2 infection?**
    - The HPTN052 study, Opposites Attract, and PARTNER 1 and 2 only included individuals who were HIV-1 infection.
- **How do you use U=U messaging to increase offering & acceptance of index testing?**
  - It is a best practice to conduct formative research before you decide to develop U=U messages to increase offering and acceptance of index testing. While U=U was not developed as a campaign to encourage HIV testing, there may be situations where it is appropriate to use it for this purpose. For example, index cases may be more willing to share the names of their partners and people they inject with once they learn about U=U because the promise of U=U is that once someone knows they are HIV positive, begins medication, and becomes virally undetectable, they can live a healthy life and won't be able to transmit HIV to their partners through sex. Conversely, if an index case has partners who are HIV positive but who remain unaware of their status, those partners won't be able to start and adhere to ART and experience the benefits of an undetectable viral load.

- **When counseling a client newly initiated on ART, what is the minimal period of ART adherence before we can advise that they can start having condom-less sex?**
  - A person's viral load is considered "durably undetectable" when all viral load test results are undetectable for at least six months after their first undetectable test result. Most people will achieve their first undetectable viral load test within 3-6 months of starting ART. This means that most people will need to be on treatment for 9 to 12 months to have a durably undetectable viral load. At this point, they can be advised that they can start having condomless sex.

# Technical Assistance

## Capacity Assessment

Before you implement U=U, it is best practice to conduct a capacity assessment to ascertain your strengths, areas of improvement, needs, resources, and gaps. A capacity assessment will help you identify areas of potential concern as well as opportunities for using U=U to increase engagement in HIV prevention, testing, and/or care and treatment efforts. After completing the capacity assessment, you should be able to identify your capacity for integrating U=U into your prevention efforts. Resources, stakeholder buy-in, level of community engagement, and capacity of your existing health care system can all influence your level of readiness and implementation for U=U. Fortunately, there are options for using U=U to make an impact and improve HIV prevention outcomes at every level of capacity. A capacity assessment tool can be found in the Resources section and accessed [here](#). Remember - capacity assessment is a process and the process is just as important as the outcome.

The resources section of this toolkit groups resources into three tiers based largely on capacity and stage of readiness. Completing the capacity assessment will help you identify the best tier to start with for guidance and support. Following is a list of the resources and tools available for each tier of technical support. You may decide that you want to focus only on the resources in one particular tier or you may decide that you want to pick and choose resources across tiers based on your particular needs.

- **Tier 1 – Basic trainings and resources to help increase knowledge, awareness, comprehension, and community and stakeholder buy-in of U=U.**
  - Capacity Assessment Tool
  - Key Populations Investment Fund U=U Webinar Presentation
  - Healthcare Worker Sensitization Training: U=U Module
  - U=U Resource Sheet for People Living with HIV
  - U=U Resource Sheet for Health Care Workers
  - U=U Scientific Briefer
  - Guidance for how to use U=U Resource Sheets & Scientific Briefer
  - U=U Resource Guide
  - Viral Load Monitoring and Enhanced Adherence Counseling Flipcharts
  - Campaign Examples
  - Guidance about how to engage stakeholders around U=U
  - How-to Guide for facilitating a community dialogue
  - Modifiable U=U Ice Breaker Slides/ Flash Cards.
  - How-to Guide for developing a short U=U informational video





- **Tier 2 – Tools and resources to facilitate the development of large-scale U=U message dissemination.**
  - Guidance for developing, implementing, and evaluating Social Behavior Change Communication (SBCC) Campaigns
  - Guidance for engaging media
  - Guidance for developing a social media communications strategy and monitoring social media metrics
  - Guidance for using appointment reminders, text messaging, and What's App to support U=U messaging and behavior change
- **Tier 3 – Tools and resources to help guide the evaluation of a large-scale U=U campaign.**
  - Guidance on how to develop an evaluation plan
  - Guidance on how to develop indicators
  - Guidance on sustainability

## Tier 1 Resources

*Click on the title of each resource to be directed to the specific tool or resource.*

### [Capacity Assessment Tool](#)

Use the Capacity Assessment Tool to assess organizational capacity to deliver communication activities and products. This tool provides a practical method of organizational self-assessment that can be used to acknowledge strengths, clarify different perceptions, and plan strategies to enhance capacity in communication efforts. The tool is designed to be a conversation-starter within an organization and between organizations engaged in a technical assistance relationship.

### [U=U Webinar \(presented as part of the webinar series for the Key Populations Investment Fund\)](#)

The HIV Prevention Branch at CDC HQ hosted a U=U webinar for the Key Populations Investment Fund (KPIF). The webinar included a review of the scientific support for U=U, background on the origin of the U=U campaign, examples of U=U implementation in select PEPFAR countries, an overview of available resources to support U=U efforts, an introduction to a U=U training module in the Health Care Worker Sensitization Training for providers who work with key populations, and an introduction to the U=U strategic toolkit. The recording of the webinar can be accessed and downloaded via the toolkit. You may consider sharing the webinar recording with colleagues, key stakeholders, or others who are interested in learning more about U=U. The webinar is approximately 27 minutes long.

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### [Health Care Worker Sensitization Training: U=U Module](#)

The Key Population team in the HIV Prevention Branch at CDC HQ developed a U=U training module for Health Care Workers who provide HIV prevention and care services to key populations. The training includes a review of the scientific evidence, background of the U=U campaign, challenges related to U=U, and implications for Health Care Workers and government officials. You may consider sharing the PowerPoint presentation with colleagues and stakeholders who are interested in learning more about U=U.

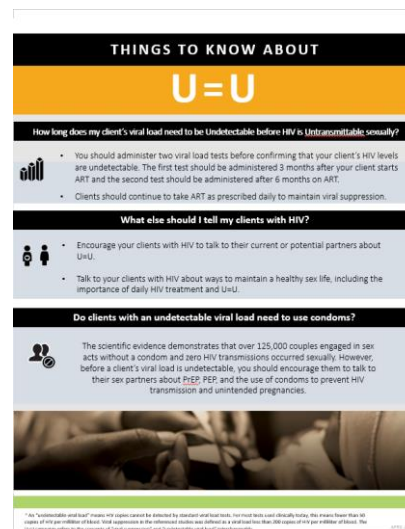
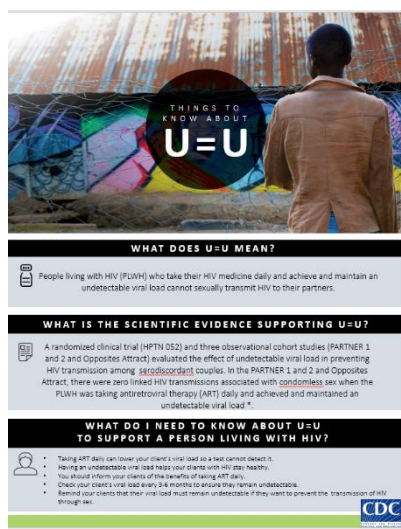
### [U=U Resource Guide](#)

The Community Engagement Team in the HIV Prevention Branch at CDC HQ compiled a U=U resource guide consisting of a collection of existing resources (e.g., fact sheets, videos, PowerPoint presentations) that can be used to disseminate the U=U message. This guide is intended to offer a quick referral to U=U resources. Before deciding to use any of the available resources included, consider whether or not materials are appropriate for your priority audiences and country priorities as well as whether they need to be tailored to fit within your local context.

## U=U Resource Sheets and Briefer

The Community Engagement Team in the HIV Prevention Branch at CDC HQ developed resource sheets to help facilitate communication about U=U among people living with HIV and health care workers who provide care to people living with HIV. The team also developed a scientific briefer to help educate key stakeholders who influence decisions and policies about HIV care and treatment. The resource sheets and scientific briefer are Tier 1 Resources. Before you access these resources, consider the guidance below about how to best use the resource sheets and scientific briefer to advance or support your U=U efforts.

### U=U Resource Sheet for Health Care Workers



The resource sheet for Health Care Workers was developed to provide health care workers with the information and knowledge they need to understand U=U well enough for them to feel comfortable talking about it with their clients. This resource sheet should be shared with health care workers, health educators, outreach workers, and peer educators working in clinics, CSOs, or other organizations, facilities, and programs that provide HIV testing services and/or care and treatment services for people living with HIV. Health care workers should be encouraged to refer to this resource sheet when they discuss U=U with their clients.

The resource sheet answers the following questions:

- What does U=U mean?
- What is the scientific evidence supporting U=U?
- What do I need to know about U=U to support a person living with HIV?
- How long does my client's viral load need to be undetectable before HIV is untransmittable sexually?
- What else should I tell my clients with HIV?
- Do clients with an undetectable viral load need to use condoms?

## U=U Resource Sheet for People Living with HIV



**THINGS TO KNOW ABOUT U=U**

**WHAT DOES U=U MEAN?**

U=U stands for Undetectable = Untransmittable. It means that people living with HIV who take their medications daily and have low levels of HIV in their blood\* cannot pass HIV to their partners through sex.

**WHY IS U=U IMPORTANT?**

U=U is a campaign that encourages people living with HIV to take their HIV medicine daily so they can be healthy, live longer, and prevent the sexual transmission of HIV.

**HOW DO I STOP THE SEXUAL TRANSMISSION OF HIV TO MY PARTNER?**

- Take your HIV medicine daily to lower the level of HIV in your blood.
- After 6 months of taking your HIV medicine, visit your health care worker to test the level of HIV in your blood.
- If your health care worker says your HIV is undetectable, continue to take your HIV medicine daily and have your viral load tested again to confirm that your HIV level is still undetectable.
- See your health care worker on a regular basis to make sure you keep an undetectable level of HIV in your blood.

\*Research shows that a person living with HIV who has a viral load less than 200 copies of HIV per milliliter of blood, cannot pass HIV to others through sex.

**CDC**

**WHAT ELSE DO I NEED TO KNOW ABOUT U=U?**

Taking your medicine and having a low level of HIV in your blood prevents passing HIV through sex. It does not prevent you from passing HIV through sharing needles. It also does not prevent pregnancy and will not stop you or your partner from getting a sexually transmitted infection.

Consider these other prevention options:

- Use condoms correctly and every time you have sex if you want to prevent STIs and pregnancy.
- Get tested and treated for STIs.
- Talk to your HIV-negative partner about the levels of HIV in your blood and how taking your medicine and keeping your levels low can protect both of you.
- Before the levels of HIV in your blood are low enough that you won't pass HIV through sex, talk to your HIV-negative partner about daily medicine they can take to prevent HIV called pre-exposure prophylaxis (PrEP).
- If you inject drugs, do not share your needles or other equipment with your HIV-negative partner.

**WHERE CAN I FIND MORE INFORMATION ABOUT U=U?**

Prevention Access Campaign Website: <https://www.preventionaccess.org/>

Prevention Access Campaign Facebook: <https://www.facebook.com/PreventionAC/>

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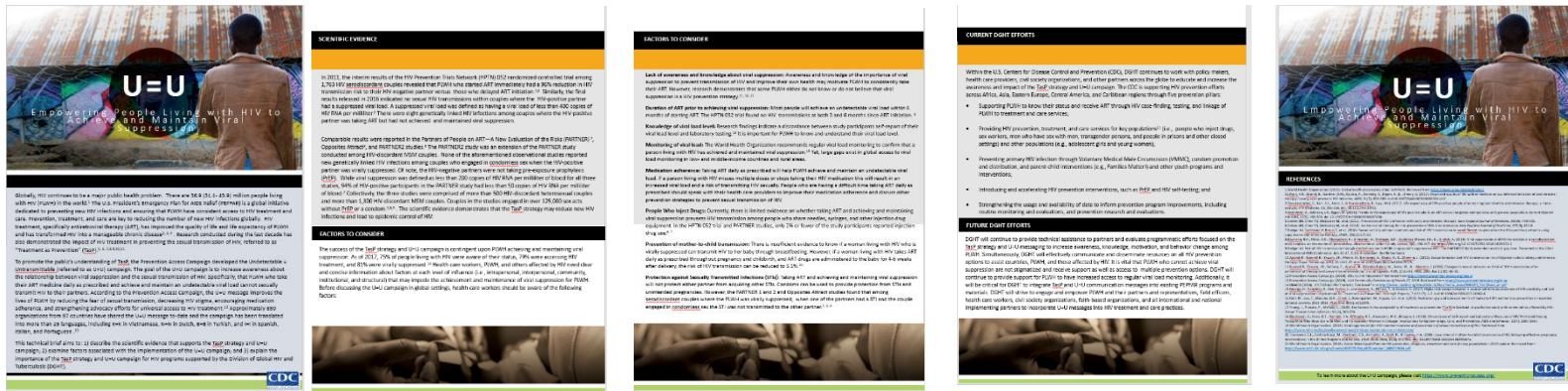
The resource sheet for People Living with HIV can be used by health care workers, health educators, outreach workers, or peer educators to help facilitate conversations with people living with HIV about U=U and the benefits of medication adherence. Additionally, people living with HIV can take this resource sheet home so they can refer to it when explaining U=U to their partners or if they need to be reminded of how attaining an undetectable viral load will prevent them from passing HIV to their sexual partners.

The resource sheet answers the following questions:

- What does U=U mean?
- Why is U=U important?
- How do I stop the sexual transmission of HIV to my partner?
- What else do I need to know about U=U?
- Where can I find more information about U=U?



## U=U Scientific Briefer



The scientific briefer is the longest and most detailed of the three resource documents developed by the HIV Prevention Branch. The briefer is intended to give a more in-depth overview of U=U including the important role U=U and treatment as prevention play in reaching epidemic control, the scientific evidence supporting U=U, and important factors for consideration. The scientific briefer can be shared with key stakeholders, including MOH staff, government officials, leaders in health care facilities, community leaders, and other gatekeepers. The scientific briefer was developed to help convince key stakeholders of the importance and validity of U=U, dispel myths, and ease concerns.

The briefer includes the following sections:

- Overview of the global HIV epidemic
- Origin of the U=U campaign
- Scientific evidence supporting U=U
- Important factors for consideration:
  - Lack of awareness and knowledge about viral suppression
  - Duration of ART prior to achieving viral suppression
  - Knowledge of viral load level
  - Monitoring of viral load
  - Medication adherence
  - People who inject drugs (PWID)
  - Prevention of mother-to-child transmission (PMTCT)
  - Protection against sexually transmitted infections
- Current DGHT efforts to support U=U
- Future DGHT U=U efforts
- References

### **Viral Load Monitoring and Enhanced Adherence Counseling Flipcharts**

The Care and Treatment Branch at CDC HQ worked with ICAP to develop flipcharts for a range of health care workers (e.g. adherence counsellors, doctors, nurses, pharmacists, community health workers) to support clinical counseling on viral load and decision making for how to use viral load results to improve patient management.

The flip charts, available in English, French, Portuguese, and Swahili, explain the meaning of viral load results and help with adherence assessment and counselling, especially among people with elevated viral loads who warrant enhanced adherence counselling. The flipcharts were recently revised to incorporate specific messages about U=U.

### **Campaign Example: From Condoms to PrEP & U=U**

Your U=U efforts will exist alongside other HIV prevention programs and priorities. Some countries have already begun to wonder how their messages for HIV testing programs, PrEP implementation, and U=U can support each other without confusing potential target audiences or alienating key stakeholders. We are sharing an educational asset from the “Be Sure. Play Sure. Stay Sure.” campaign launched by the New York City Department of Health in the United States as an example of how messages across the HIV prevention continuum can be presented in synergy to encourage multiple methods of HIV prevention based on a person’s specific circumstances.

### **Community Engagement Assessment Tool**

Before implementing community engagement, it is essential to conduct an assessment of your current community engagement efforts. The Community Engagement team in the HIV Prevention Branch at CDC HQ developed a tool that assesses the PEPFAR country team’s current community engagement efforts and identifies opportunities for engagement. This tool can serve as a baseline for follow-up assessments and creates an opportunity for programs to develop a longitudinal profile of community engagement efforts over time. This tool utilizes existing and validated community engagement literature, models, and tools.

### **Community Mobilization Guide**

While not U=U or HIV specific, the CDC Community Mobilization Guide to support a community-based effort to eliminate syphilis in the United States provides valuable guidance about how to work with and mobilize communities to eliminate a sexually transmitted infection. Specifically, the following sections include information and strategies that may be useful as you plan and implement local U=U efforts:

- Section II: Mobilizing the Community
- Section III: Mobilizing Community-Based Organizations and Faith-Based
- Section IV: Mobilizing Health Care Providers
- Section V: Mobilizing Policy Makers and Opinion Leaders

As you read the various sections in the document, think about how the strategies used for syphilis elimination in the U.S. are applicable to promoting U=U in your local context. Use and adapt appropriate strategies for engagement.

### **Engaging Faith-Based Organizations in HIV Prevention**

This manual is a capacity-building tool to help policy makers and programmers identify, design, and follow up on HIV prevention programs undertaken by FBOs. The manual can also be used by development practitioners partnering with FBOs to increase their understanding of the role of FBOs in HIV prevention, and to design plans for partnering with FBOs to halt the spread of the virus.

### **Evaluating Potential Stakeholders**

This is an easy to use tool to think about how different community members, civil society organizations, and others might fit into your communication strategy.

Type of Partnership	Questions to Consider	Stakeholders to Recruit
Networking	What stakeholders are well respected in the community? What stakeholders could lend brand appeal? What stakeholders have relationships with key community decision makers? What stakeholders can lend support?	
Coordination	What stakeholders have expertise and resources we need? What stakeholders might be willing to devote time and effort?	
Cooperation	What stakeholders represent the community you want to support with your U=U efforts? What stakeholders have a broad base of support that can be brought to the effort? What stakeholders might be willing to devote significant time and effort?	
Collaboration	What stakeholders share the CDC country office vision for medication adherence and viral suppression? What stakeholders can help the CDC country office improve their communication efforts? What stakeholders will directly benefit from U=U's success? What stakeholders can provide leadership? What stakeholders might be willing to devote substantial time and effort?	

### **Facilitating a community dialogue**

A "dialogue" is a community conversation that can take many forms. It can involve five people around a kitchen table, five hundred people in a large civic setting, or anything in between.

A community dialogue can help:

- Expand the base of constituencies and voices (i.e. youth, business, the faith community, civil society leaders);
- Reach common ground -- integrate the workings of more formal institutions and partnerships with the leadership from communities and civil society organizations;
- Launch new initiatives and strengthen the impact of existing community improvement partnerships; and
- Generate local media attention.

There is no one best way to host a dialogue. It depends upon what you want to accomplish. Tailor an approach that works best for your objectives, setting, participants, time, and capacity. General steps are outlined below to help you prepare and conduct a community dialogue (Community Tool Box, 2019).

#### *Preparing for a Community Dialogue:*

- ☐ You focus your issue (e.g., health clinics, condoms, HIV prevention)
- ☐ You build a dialogue team to host the event
- ☐ You determine your goals for the dialogue (e.g., to reach common ground, launch new initiatives, generate media coverage, etc.) and design the session to support them
- ☐ You decide who will participate
- ☐ You select and prepare your facilitator
- ☐ You set a place, date and time for your dialogue
- ☐ You designate someone to record the dialogue
- ☐ You create an inviting environment
- ☐ You invite participants

#### *Conducting the Dialogue:*

- ☐ You greet participants and introduce the facilitator
- ☐ You establish ground rules for the dialogue as well as a relaxed atmosphere
- ☐ You use the seven questions to foster dialogue
- ☐ You monitor the group process
- ☐ You allow time for closing dialogue and any follow-up steps
- ☐ You engage the media and document the event if consistent with your goals

#### *Making Your Dialogue Count:*

- ☐ You record your findings and get results to participants and relevant organizations within ten days
- ☐ You follow up with the group on its interests
- ☐ You keep the conversation going



### [U=U Icebreaker slides / flashcards](#)

This brief slide deck provides simple definitions of “undetectable” and “untransmittable,” addresses time to achieving an undetectable status, and emphasizes the importance of continued medication adherence in order to maintain an undetectable HIV viral load. The slides are provided in both a Power Point and PDF format.

You may decide to:

- Print the slide presentation and use it as a handout or educational resource to support U=U efforts in the field,
- Save the presentation as a PDF on a smart phone or laptop computer and encourage health care workers to use it in situations when a short intro to U=U may be helpful,
- Print select slides to make 2-sided palm cards about U=U (tip: print slides 2 and 3 on the front and back of a palm card),
- Customize the images in the slides to be more appropriate for your setting and target populations.

### [Make Your Own U=U Educational Video](#)

Health care workers, outreach workers, CSOs, and others may want to share a short video about U=U as an icebreaker to start a conversation about U=U. We developed a 60 second script, a 30 second script, and a guidance document to help you create your own U=U icebreaker video using your iPhone. Once created, your video(s) can be shared in a variety of ways including in the field on a smartphone, during presentations as part of a power point slide deck, or on a computer or tablet in a health care facility.

### [Considering U=U for the prevention of mother-to-child transmission](#)

Colleagues in the Maternal and Child Health Branch at CDC HQ developed this useful diagram to highlight the considerations for thinking about how U=U applies in the context of mother-to-child transmission. The diagram is based on findings from the scientific literature and presents 3 pillars health care workers should consider when working with pregnant women and women of childbearing age to help prevent mother-to-child transmission of HIV.

## Tier 2 Resources

*Click on the title of each resource to be directed to the specific tool or resource.*

### [The P Process: Five Steps to Strategic Communication](#)

If you want to develop and launch a U=U campaign, you need to learn about Social and Behavior Change Communication (SBCC) and how to develop strategic, evidence-based health communication programs. The P Process is a 5-step process embraced by health communication professionals. The P Process guidance resource below was developed by the Health Communication Capacity Collaborative at Johns Hopkins Bloomberg School of Public Health. As the resource explains, “the P Process is a step-by-step roadmap that can guide you from a loosely defined concept about changing behavior to a strategic and participatory program that is grounded in theory and has measurable impact.” This resource will walk you through the five steps to help you develop a strong health communications campaign.

The 5 steps are:

1. Inquire
2. Design your strategy
3. Create and test
4. Mobilize and monitor
5. Evaluate and evolve.

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### [Guidance on Developing and Pretesting Concepts, Messages, and Materials](#)

Developed by the National Cancer Institute, this book is a revision of the original Making Health Communication Programs Work. The purpose of the publication is to guide communication program planning. This resource provides valuable guidance on steps for developing and pretesting concepts, messages, and materials. Pay particular attention to Stage 2: Developing and Pretesting Concepts, Messages, and Materials.

### [Community Mobilization Guide: Engaging Media](#)

While not U=U or HIV specific, the CDC Community Mobilization Guide to support a community-based effort to eliminate syphilis in the United States, provides valuable guidance about how to work with and mobilize communities to eliminate a sexually transmitted infection. Specifically, the following section includes information and strategies that may be useful as you engage the media for your local U=U efforts:

- Section VI: Working with the Media

### [Social Media Toolkit](#)

Social media can be used to disseminate U=U messages to community and civil society organizations. This toolkit is designed to help users get started in social media by providing information for developing governance for social media, determining which channels will best meet your communication objectives, and helping you create a social media strategy.

### **Guide to Writing for Social Media**

This guide was designed to provide guidance and to share the lessons learned in more than three years of creating social media messages in CDC health communication campaigns, activities, and emergency response efforts. In this guide, you will find information to help you write more effectively using multiple social media channels, particularly Facebook, Twitter, and mobile phone text messaging. The guide is intended for a beginner audience, although some readers with an intermediate level may find it useful too.

### **Text Messaging to Support U=U Messaging and Behavior Change**

This toolkit provides an overview of the basics of short message service (SMS) technology and regulations and provides information and tools to aid public health professionals and others in developing an effective text messaging system.

### **Developing and Pretesting a Text Messaging Program for Health Behavior Change: Recommended Steps**

This paper provides guidance on how to develop a text messaging program aimed at changing health behaviors. Steps for developing a text messaging program include conducting formative research for insights into the target audience and health behavior, designing the text messaging program, pretesting the text messaging program concept and messages, and revising the text messaging program.

## Tier 3 Resources

*Click on the title of each resource to be directed to the specific tool or resource.*

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### [Developing an Effective Evaluation Plan](#)

This workbook applies the CDC Framework for Program Evaluation in Public Health. The Framework lays out a six-step process for the decisions and activities involved in conducting an evaluation. While the Framework provides steps for program evaluation, the steps are not always linear and represent a more back-and-forth effort; some can be completed concurrently. In some cases, it makes more sense to skip a step and come back to it. The important thing is that the steps are considered within the specific context of your program. The workbook is intended to offer guidance and facilitate capacity building on a wide range of evaluation topics. We encourage users to adapt the tools and resources in this workbook to meet their program's evaluation needs.

### [Criteria for Selection of High-Performing Indicators: A checklist to inform monitoring and evaluation](#)

The checklist includes practice-based criteria to be considered in the selection of indicators for use in monitoring and evaluation. The selection of indicators can be a complex, time-consuming task. In some cases, this process is not made explicit for stakeholders. Moreover, those expected to participate in this work come to the discussion with varying levels of knowledge relevant to monitoring and evaluation. Therefore, how do we assess the quality of indicators proposed for use? And, how do we encourage full participation of stakeholders in this dialogue? The purpose of the checklist is three-fold: (1) aid in establishing a process and shared vocabulary for dialogue with stakeholders regarding the selection of indicators; (2) reinforce the necessary connection of indicators to the evaluation questions to be addressed by the study; and (3) contribute to design of data collection activities more clearly linked to intended uses of findings.

### [Sustainability Planning Guide](#)

The CDC planning guide is designed to support coalitions, public health professionals, and others in developing, implementing, and evaluating a successful sustainability plan. It also presents information on sustaining policy strategies, approaches to sustainability, and examples of sustainability planning.



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